

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | Geometry-Based Symmetric Cryptosystem Method | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------|--|--|-------------|--------------------|-------------------|-----|------|---|-----|------------------------|--|------|----|---|---------------------------|---|------|-----|-----|--|--|--|--|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Dr. Leon Chernyak | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 882 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | | | | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 43</td><td>23</td><td>2202</td><td>9</td><td>207</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td>3</td><td>2203</td><td>290</td><td>290</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 497</td></tr></tbody></table> | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 43 | 23 | 2202 | 9 | 207 | Independent Claims : 3 | 0 | 2201 | 43 | 0 | Multiple Dependent Claims | 3 | 2203 | 290 | 290 | | | | | Subtotal For Extra Claims Fees: \$ 497 |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims : 43 | 23 | 2202 | 9 | 207 | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims : 3 | 0 | 2201 | 43 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | 3 | 2203 | 290 | 290 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Subtotal For Extra Claims Fees: \$ 497 | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit account number: | 1008 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date (YYYYMMDD): | 2007-08-31 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized name: | Arkady D Berenstein | | | | | | | | | | | | | | | | | | | | | | | | | |
| Billing address: | 97405 | | | | | | | | | | | | | | | | | | | | | | | | | |

Adjustment date: 02/23/2004 YGIZAW
11/17/2003 GWORDDF1 00000004 10605935
02 FC:2201 -43.00 OP

Refund Ref:
02/23/2004 0030014594

Credit Card Refund Total: \$43.00

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